

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14753

State File No. 14753

FILED MAY 7 1953

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. 3427		Registrar's No. 56			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) Webb City,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Webb City		0492			
d. FULL NAME OF HOSPITAL OR INSTITUTION 807 Austin				d. STREET ADDRESS (If rural, give location) 807 Austin					
3. NAME OF DECEASED (Type or Print) Emma		a. (First)		b. (Middle) Nichols		c. (Last)			
4. DATE OF DEATH 4-12-1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH 10-8-1867		9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Unknown			
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Bartels		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bert Nichols Carthage, Missouri					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 154 x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>Mar 1, 1953</u> to <u>Apr 12, 1953</u> , that I last saw the deceased alive on <u>Apr 11, 1953</u> , and that death occurred at <u>4:00 p.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James V. Flaherty, M.D.</u>				23b. ADDRESS <u>Carthage, Mo.</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-16-1953		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri			
DATE REC'D BY LOCAL REG. 4-26-53		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-6-53
Jasper County Health Office

County File Number 53-5-392

Date Filed 5-6-53

MAY 8 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

ED C. WILSON, J.P.

Student Embalmer No. 481

working under my personal supervision.

Student _____
Student Embalmer

Signed

William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.